

Baghdad, Damascus, Lebanon, Tripoli and Khartoum. Governments whose representatives roam our streets freely. Whose diplomatic pouches—laden with plastic explosives and conventional weapons—are inviolate. Whose treacherous plans sews destruction, mayhem and terror in the hearts of civilized people everywhere.

They murder with the blessing of fanatical religious leaders—some of whom are guests in this great land.

They murder in the name of a god they call "Allah the Merciful."

These killers are a disgrace to all people of faith, including the many millions of their own coreligionists who pray for peace in their hearts but dare not speak peace because they fear for their lives.

These murderers respect no territorial boundaries. They obey no law. They view anybody and everybody, but especially Jews, as fair game. They believe—not without justification—the more blood they shed the more ready the world will be to capitulate to their nefarious and bloodthirsty aims.

A cowardly world hands down token sentences to those who are apprehended. Spineless western governments discreetly free some of the most wanton mass killers—releasing them into the hands of the very fundamentalist, dictatorships and theocracies which dispatched them in the first place.

They do this in order to improve their balance of trade, or worse yet, as a payoff, selfishly and foolishly hoping to forestall further acts of terrorism against their own people and on their own territory. This, your honor, is the world we live in. And the time has come to say, "Enough, we won't take it anymore."

I have addressed you on behalf of a civilized world which will be further threatened, further degraded, and further destabilized if this killer gets anything less than the maximum sentence you can give.

The man you will sentence today, Rashid Baz, killed my baby. And robbed Nachum Sossonkin of his youth. And he felt immune and invincible because the world's track record in dealing with his kind is an embarrassment to all civilized and justice-loving people.

The jury which declared this murderer guilty showed incredible personal courage in reaching its verdict. Because the community of Islamic terrorists is as vindictive as it is sadistic.

Yes, Rashid Baz's mission on the Brooklyn Bridge was a failure. Because 14 of his 15 intended victims are still alive.

But for me, my husband, my aged parents, and my four other children—as for the mothers and fathers and grandparents and sisters and brothers and sons and daughters of the other murder victims from those other "failures" I mentioned before—his mission was a success.

For we will never see our Ari again * * * For I will never see my tall, beautiful, kind, scholarly, charming, friendly 16 year old son grow to maturity * * * For my younger children will never again have the loving, compassionate guidance of the older brother they adored * * * For my husband and I will never see the grandchildren we had expected.

And the generations upon generations of descendants that were to have come from Ari will never be—generations that were meant to replace and replenish the catastrophic loss of Jewish life that is our legacy from the Holocaust.

On March 1st Rashid Baz murdered Ari. But he also sentenced me and my family to a lifetime of mourning. To an endless series of sleepless nights. To a wound which can never heal. To a living death which chips away at us, measured in the slow cadence of endless seconds * * * to a limbo of

joylessness which will end only when we ourselves are reunited with Ari.

Indeed, there is nothing that can happen here today, nothing you or anyone else can do to bring Ari back. There is no way to give me back all those years of joy, love and worry. There is no sentence that you can give Baz for my murdered heart or for the security that was robbed from the lives of my children and replaced instead with cobrains, glocks and terror.

What can you say to Ari's sister Sara who grew up side by side with him and was her best friend throughout her life?

Or Chanie, his sister who fears going into any taxicab.

Or Mendy, Ari's brother, who looked up to Ari as his mentor and protector. And who lost his older brother on the day of his birthday.

Or Ari's four year old brother, who keeps asking me when Ari will be back. And whose last prayer at night is I love you Ari with my whole heart please come back home.

Your honor, our pain is too great to bear. We long for our son constantly. We listen for his footsteps and voice in our home.

Yet life must go on, and justice, the inadequate justice that humans can mete out, must be done.

And now, your honor, it is your responsibility to show courage, and demonstrate that we in America are not cowards. That we do not capitulate to the blackmail of terrorism. That we value life and liberty. That those who would presume on American hospitality and freedom in order to bring civilization to its knees will find no refuge in this land. And that here, at least justice will prevail, and this cold blooded killer will never see the light of freedom again so long as he lives.

There is no death sentence in New York State. If there were, I would surely be tempted to ask for it.

Because death would send a message to the world that America knows how to deal with terror.

And death, too, might have brought a measure of finality to the horror me and my family have to live with.

But death, unfortunately, is not an option.

Which is why I beseech you, your honor, from a heart filled with pain and anguish, in the name of civilization and the values we hold dear, in memory of my son, and out of basic consideration for me and my family—sentence Rashid Baz to the very same sentence to which he sentenced us—namely, that not a day, not an hour, not a minute or a second of his life should go by without him being reminded of what he has done.

Remorse? The only remorse he has is over his faulty aim, and the fact that his mission was not completed entirely.

This murderer must live and die behind bars and barbed wire. He must spend the remainder of his natural life caged like the remorseless creature that he is. Deprived of any of the rights or freedoms he mocks. Separated from any opportunity to continue in his ways. Reduced to a number in the impersonal hell of prison. Consigned to a life of living death until God takes him and renders the eternal justice which we on earth cannot.

Your honor, this is the least you can do. Unfortunately, it is also the most.

Thank you.●

CRUELTY TO PATIENTS

● Mr. SIMON. Mr. President, one of the more thoughtful writers on our scene today is Joan Beck with the Chicago Tribune.

Recently, she had a column on our national health care system that takes a slightly different perspective on where we are and some of our problems.

I believe her comments merit serious consideration.

We are talking about some modification of the health care system this year.

On the floor of the Senate, several of us on both sides of the aisle have talked about the need for bipartisan cooperation.

I hope we can go ahead.

In the meantime, I urge my colleagues to read the Joan Beck column, and I ask to insert it into the RECORD at this point.

The column follows:

CRUELTY TO PATIENTS—NATION'S HEALTH CARE SYSTEM NEEDS AN EXAMINATION

(By Joan Beck)

Even without new federal legislation, health care in America is changing rapidly. Many of these changes are worrisome. Some are deadly scary.

Increasingly, the focus of medical care is becoming to reduce costs, to do only the minimum possible for patients, to wring money out of the system for a new set of corporate providers.

Fewer people are now allowed by HMOs and insurance company rules to see specialists. Far more surgery—more than half in many hospitals—is being done on an outpatient basis, often with assembly-line rules. Hospital stays after childbirth are often numbered in hours, not days.

Hospitals are cutting nursing staffs, lowering the level of patient care and substituting other caregivers with less training and lower pay. Teaching hospitals, with their higher costs and heavy load of patients needing specialized treatment, are getting squeezed.

Many doctors, like Ma and Pa stores swallowed up when a Wal-Mart comes to town, are losing their independence to a whole new world of corporate-managed health care.

Physicians, in fact, don't really seem to be major players in the health-care business these days. Politicians, administrators, employers, insurance companies, even the financial markets, are shaping the future of health care to an extent that makes many people highly uncomfortable—and may endanger their health.

There is a new emphasis on efficiency, not on humanitarianism and healing. Hospitals are competing for contracts from insurance companies, HMOs and big employers to care for large groups of people, often for a fixed, per-person fee. Then they must try to push down their costs however they can—by eliminating unnecessary tests and treatments, by being more efficient, by avoiding as many high-cost procedures as possible, perhaps even by taking risks with patients' health.

Federal efforts to pass national health-care legislation seem to be in hiatus for now, although Illinois Sen. Paul Simon has been trying to talk up the issue again. There are new threats to make drastic cuts and changes in Medicare and Medicaid. Congress may do some tinkering with insurance regulations.

But in the immediate future, changes in health care will not come from Washington. There will be more efforts by hospitals to trim costs. More efforts from HMOs, insurers and employers to get discount prices. More pressures on physicians to follow HMO and insurance company rules. More attempts at

change by the states, particularly California, Minnesota, Washington, Hawaii and Pennsylvania. And more lamenting that while the increase in costs is slowing down, health care still takes 14 percent of the gross national product.

It is difficult to measure the impact of all of these changes on the nation's well-being. But a useful yardstick is to evaluate how these changes affect the way physicians can do their job and how well they safeguard patient choice in their doctors.

Doctors should be the ones to decide the future of health care in the United States—not Hillary Rodham Clinton or Ira Magaziner or Newt Gingrich or Bob Dole or the Republicans or the Democrats or Prudential or Humana or General Motors or Exxon.

It's disappointing to see how little impact doctors have actually had on the health-care debate and on the future of health care and how quietly most of them have gone along with restrictions on how they care for patients.

Medical societies, of course, have issued proposals and lobbied legislators. The American Medical Association has a big lobbying arm in Washington and in 1990 proposed its own Health Access America plan. The Journal of the American Medical Association has published hundreds of articles and proposals, as have other medical journals. But these efforts have not had major impact on the future of health care.

It is taken for granted among health-care reformers that a major factor in high costs has been overtreatment by physicians who stand to make a buck by doing so. Yet these same reformers assume that the same physicians can be trusted not to undertreat patients when the economic incentives are reversed.

Undertreatment is hard to define and, often, to detect. It's difficult to measure outcomes; the data is subject to interpretation, not only for individuals, but for HMO populations, communities and states. Monitoring and evaluation protocols are not well developed. Clinical guidelines need further development if they are to be used as protection against undertreatment. Databases that will permit comparisons are still far from adequate.

People must rely on their physicians to withstand pressures to undertreat, to do what's best for patients regardless of new and increasing incentives to do less than that.

If the kinds of changes now happening in health care really reflect advances in medicine and commendable efforts to reduce unnecessary expenses and unneeded treatment, we should all be cheering. But how can we be sure that pressures from insurers and employers and HMOs won't push doctors and hospitals to cut even more corners that will risk patients' health?

There is still an enormous reservoir of trust in physicians in this country. But it will be increasingly hard for doctors to keep that trust and to deserve it in the new regimes of red tape and cost controls. They will have to figure out how to control the health-care system, not be controlled by others. And they will have to stand up for patients against the cost-cutters and the administrators when they interfere with optimum treatment if we are to be comfortable and safe with our health care in the future.●

RULES OF THE COMMITTEE ON THE JUDICIARY

● Mr. HATCH. Mr. President, in accordance with rule XXVI, section 2, of the Standing Rules of the Senate, I hereby submit for publication in the CONGRESSIONAL RECORD, the Rules of the Committee on the Judiciary. The rules follow:

COMMITTEE ON THE JUDICIARY

I. MEETINGS OF THE COMMITTEE

1. Meetings may be called by the Chairman as he may deem necessary on three days notice or in the alternative with the consent of the Ranking Minority Member or pursuant to the provision of the Standing Rules of the Senate, as amended.

2. Each witness who is to appear before the Committee or any Subcommittee shall file with the Committee, at least 48 hours in advance of the hearing, a written statement of his testimony in as many copies as the Chairman of the Committee or Subcommittee prescribes.

3. On the request of any Member, a nomination or bill on the agenda of the Committee will be held over until the next meeting of the Committee or for one week, whichever occurs later.

II. QUORUMS

1. Ten Members shall constitute a quorum of the Committee when reporting a bill or nomination; provided that proxies shall not be counted in making a quorum.

2. For the purpose of taking sworn testimony, a quorum of the Committee and each Subcommittee thereof, now or hereafter appointed, shall consist of one Senator.

III. PROXIES

When a record vote is taken in the Committee on any bill, resolution, amendment, or any other question, a quorum being present, a Member who is unable to attend the meeting may submit his vote by proxy, in writing or by telephone, or through personal instructions. A proxy must be specific with respect to the matters it addresses.

IV. BRINGING A MATTER TO A VOTE

The Chairman shall entertain a non-debatable motion to bring a matter before the Committee to a vote. If there is objection to bring the matter to a vote without further debate, a rollcall vote of the Committee shall be taken, and debate shall be terminated if the motion to bring the matter to a vote without further debate passes with ten votes in the affirmative, one of which must be cast by the minority.

V. SUBCOMMITTEES

1. Any Member of the Committee may sit with any Subcommittee during its hearings or any other meeting, but shall not have the authority to vote on any matter before the Subcommittee unless he is a Member of such Subcommittee.

2. Subcommittees shall be considered de novo whenever there is a change in the Subcommittee chairmanship and seniority on the particular Subcommittee shall not necessarily apply.

3. Except for matters retained at the full Committee, matters shall be referred to the appropriate Subcommittee or Subcommittees by the chairman, except as agreed by a majority vote of the Committee or by the agreement of the Chairman and the Ranking Minority Member.

VI. ATTENDANCE RULES

1. Official attendance at all Committee markups and executive sessions of the Committee shall be kept by the Committee Clerk. Official attendance at all Subcommittee markups and executive sessions shall be kept by the Subcommittee Clerk.

2. Official attendance at all hearings shall be kept, provided that Senators are notified by the Committee Chairman and ranking Member, in the case of Committee hearings, and by the Subcommittee Chairman and ranking Member, in the case of Subcommittee hearings, 48 hours in advance of the hearing that attendance will be taken; otherwise, no attendance will be taken. Attendance at all hearings is encouraged.●

ORDERS FOR TOMORROW

Mr. HATCH. Madam President, I ask unanimous consent that when the Senate completes its business today, it stand in recess until the hour of 9:15 a.m. on Wednesday, February 8, 1995; that following the prayer, the Journal of the proceedings be deemed approved to date, the time for the two leaders be reserved for their use later in the day; that there then be a period for the transaction of morning business not to extend beyond the hour of 9:30 a.m., with Senators permitted to speak for not to exceed 5 minutes each, with Senator LAUTENBERG to be recognized for up to 15 minutes; further, that at the hour of 9:30 a.m., the Senate resume consideration of House Joint Resolution 1, the balanced budget constitutional amendment, and the time between 9:30 and 11:30 be equally divided between the two leaders or their designees; that at the hour of 11:30 a.m., Senator DASCHLE be recognized for 15 minutes, to be followed by Senator DOLE for 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

SCHEDULE

Mr. HATCH. Madam President, for the information of all of my colleagues, under the previous order, on Wednesday at 12 noon, Senator DOLE, or his designee, will make a motion to table the Daschle motion to commit. Therefore, Senators should be on notice that a rollcall vote will occur on that motion to table at 12 noon tomorrow.

RECESS UNTIL WEDNESDAY, FEBRUARY 8, 1995, AT 9:15 A.M.

Mr. HATCH. If there is no further business to come before the Senate and no other Senator is seeking recognition, I now ask that the Senate stand in recess under the previous order.

There being no objection, the Senate, at 6:19 p.m., recessed until Wednesday, February 8, 1995, at 9:15 a.m.